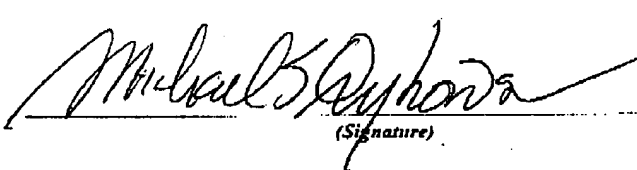



<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. 121036-071
Applicant(s): Kiyofumi FUKASAWA wt al.			
Application No. 10/506,490	Filing Date September 2, 2004	Examiner David Buttner	Group Art Unit 1712
Invention: VULCANIZABLE ADHESIVE COMPOSITION			
			RECEIVED CENTRAL FAX CENTER DEC 11 2006
I hereby certify that this <u>Amdt., Amdt. Transmittal, 2 Month Extension of Time and Fee Transmittal</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u> )			
on <u>December 11, 2006</u> (Date)			
Michael S. Czybowski (Typed or Printed Name of Person Signing Certificate)			
 (Signature)			
Note: Each paper must have its own certificate of mailing.			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>121036-071</b>							
Applicant(s): <b>Kiyofumi FUKASAWA et al.</b>											
Application No. <b>10/506,490</b>	Filing Date <b>September 2, 2004</b>	Examiner <b>David Buttner</b>	Customer No. <b>35684</b>	Group Art Unit <b>1712</b>	Confirmation No. <b>1576</b>						
Invention: <b>VULCANIZABLE ADHESIVE COMPOSITION</b>											
<u>COMMISSIONER FOR PATENTS:</u>				<b>RECEIVED CENTRAL FAX CENTER DEC 11 2006</b>							
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.											
<b>CLAIMS AS AMENDED</b>											
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE						
TOTAL CLAIMS	8	20	0	x \$50.00	\$0.00						
INDEP. CLAIMS	1	3	0	x \$200.00	\$0.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>						
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>											
 _____ Signature <b>Michael S. Gzybowski</b>  **** filed via facsimile transmission			Dated: <b>December 11, 2006</b>								
CC:			<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td></tr><tr><td style="text-align: center;">(Date)</td><td style="text-align: center;">_____ Signature of Person Mailing Correspondence</td></tr><tr><td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td></tr></table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)	_____ Signature of Person Mailing Correspondence	_____ Typed or Printed Name of Person Mailing Correspondence	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____											
(Date)	_____ Signature of Person Mailing Correspondence										
_____ Typed or Printed Name of Person Mailing Correspondence											

Doc Code:

PTO/SB/17 (07-08)  
Approved for use through 01/31/2007. OMB 0851-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL for FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$450.00

**Complete if Known**

Application Number 10/506,490  
Filing Date September 2, 2004  
First Named Inventor Kiyofumi FUKASAWA et al.  
Examiner Name David Buttner  
Art Unit 1712  
Attorney Docket No. 121036-071

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**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims Extra Claims Fee (\$)

20 or HP = 20 x \$50.00 = \$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

3 or HP = 3 x \$200.00 = \$0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

100 = 0 / 50 0 (round up to a whole) x \$250.00 = \$0.00

**4. OTHER FEE(\$)**

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Two Month Extension of Time

\$450.00

**SUBMITTED BY**

Signature

Name (Print/Type)

Michael S. Gzybowski

Registration No.  
(Attorney/Agent)

32,816

Telephone

734-995-3110

Date

December 11, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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